

MR
PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS

001095
MICHAEL W GLYNN
NOVARTIS CORPORATION
564 MORRIS AVENUE
SUMMIT NJ 07901

IMM 0401
JUL 06 1998

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/682,452	07/17/96	023	MERRIAM, A	1714 04/01/98
First Named Applicant	NICOLSON,	PAUL C.		

TITLE OF INVENTION EXTENDED WEAR OPHTHALMIC LENS

07/09/1998 ASEA/FT 00000172.190134 08682452

01 FC:142 1320.00 CH
02 FC:561 30.00 CH

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1	CL/V-20676/P	523-106.000	C50	UTILITY	NO.	\$1320.00	07/01/98

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 R. Scott Meece

2 Michael U. Lee

3 _____

DO NOT USE THIS SPACE

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

CIBA Vision Corporation; Commonwealth Scientific and

(2) ADDRESS: (CITY & STATE OR COUNTRY)
Duluth, GA; Campbell, Australia Industrial Research Organization

A. This application is NOT assigned.

Assignment previously submitted to the Patent and Trademark Office.

Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

Issue Fee Advance Order - # of Copies _____

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(ENCLOSE PART C)

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(Authorized Signature)

R. Scott Meece

(Date)
7/1/98

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1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Best Available Copy
PART C - CHARGE TO DEPOSIT ACCOUNT

1. CORRESPONDENCE ADDRESS

001095
 MICHAEL W GLYNN
 NOVARTIS CORPORATION
 564 MORRIS AVENUE
 SUMMIT NJ 07901

IM12/0401

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED		
08/682,452	07/17/96	023	MERRIAM, A	1714 04/01/98		
First Named Applicant		NICOLSON, PAUL C.				
TITLE OF INVENTION		EXTENDED WEAR OPTICAL MAGNIFYING LENS 8822A0150				
		HQ 00.0581	SP1:33 10	07/09/1998 ASEAFORT 00000172 190134 08682452		
		HQ 00.0E	132:39 90	01 FC:142 1320.00 CH 02 FC:561 30.00 CH		
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
EL/V-20676/P	523-106.000	C50	UTILITY	NO	\$1320.00	07/01/98

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R. Scott Meece

3/1/98

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